

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILED NO. 10/550607

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/					51			
2		/		/		/				52			
3		/		/		/				53			
4		/		/		/				54			
5		/		/		/				55			
6		/		/		/				56			
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8		/		/		/				58			
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10		/		/		/				60			
11		/		/		/				61			
12		/		/		/				62			
13		/		/		/				63			
14		/		/		/				64			
15		/		/		/				65			
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48										98			
49										99			
50										100			
TOTAL IND.	/	↓		↓		↓				TOTAL IND.	↓		↓
TOTAL DEP.	19	←		←		←				TOTAL DEP.	←		←
TOTAL CLAIMS	20	[REDACTED]		[REDACTED]		[REDACTED]				TOTAL CLAIMS	[REDACTED]		[REDACTED]

PTO-826 (REV. 9/83)

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